EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT TRACKING LOG

1. Initial contact date	2. Reason for referral	

3. Sponsor's name *(Last, First, Middle)*	4. Sponsor's social security number

4. Family member enrollment data

Name *a.*	Prefix *b.*	Diagnosis or reason for enrollment *c.*

5. First follow up

a. Date and time of contact	b. Phone number called	c. Person notified

d. Plan

Interviewer's printed name	Interviewer's signature

6. Second follow up

a. Date and time of contact	b. Phone number called	c. Person notified

d. Plan

Interviewer's printed name	Interviewer's signature

7. Third follow up

a. Date and time of contact	b. Phone number called	c. Person notified

d. Plan

Interviewer's printed name	Interviewer's signature

8. Referred to EFMP Supervisor for disposition

a. Date and time of contact	b. Phone number called	c. Person notified

d. Plan

Interviewer's printed name	Interviewer's signature

9. Disposition

☐ Letter regarding enrollment forwarded to sponsor's last know mailing address on _____.
☐ Referred to the Installation EFMP Program Manager for follow up.
☐ Letter to sponsor returned due to inability to locate sponsor; close case at Community Health Nursing.
☐ Enrollment not warranted.
☐ Enrollment underway.

Interviewer's printed name	Interviewer's signature	Date

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